

**OFFICE OF THE CITY AUDITOR**  
**STAFF ASSIGNMENT NUMBER:** \_\_\_\_\_

**WORKPAPERS COMPLETED** \_\_\_\_\_

**REPORT ISSUED:** \_\_\_\_\_

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**APPROVED:**

**DATE:**

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**TITLE:**

**AUDIT STAFF:**

**BUDGET:**        **TBD**

**COMPLETION DATE:**        **TBD**

**COMMENTS:**

- Complete and document the assignment in accordance with the City Auditor's Office procedures.